

Received Date: -

Lighthouse Special Event Use Permit

EVENT INFORMATION (PLEASE PRINT CLEARLY)

Date of Eve	nt:	Time of Event:		
			(Start Time – E	and Time)
Type of Eve	nt:			
Number of	Guests:	. 20 1)		
	(Maximun tion:	n is 20 people)		
Transporta	.1011.			
	(Name, Ad	dress, and Contact of Co	mpany or Individual),
DED ME I	·		- 1	,
PERMII H	<u>IOLDER INFORMATI</u>	ON (PLEASE PRINT C	CLEARLY)	
Name:				
Address:				
	(N.	lailing address: Street, C	ity, State, Zip	
Phone #:		Email:		
 Eve Eve The The Wir Use Use 	ase include a \$100 fee parts must take place betonts are limited to 20 guest lighthouse does not have lighthouse is a carry in a City of Kingston is not ady on the deck. The creating are must provide their overs must submit insurants.	ACKNOWLEDGE THE syable to the City of King ween sunrise and sunset ests we electricity, restrooms /carry out facility. Pleas responsible for any lost wn transportation as the ce naming the City of Kirsonal injury liability and	gston as the lighthouse ha or water hookups. e do not leave anythir or left items. Please e lighthouse is only ac ngston as additional	s no exterior lights. ng behind. be careful as it can be ccessible by boat. ly insured. Coverage
NA	ME (Please Print)	SIG	GNATURE	DATE
Please retu	urn to:	Planning Departi	nent	

Planning Department
City of Kingston
420 Broadway
Kingston, NY 12401
(845) 334-3955
www.kingston-ny.gov